U.S. Department of Justice United States Marshals Service Document 8 Filed 03/26/20 Page 1 of 9 PageID #: 212 PROCESS RECEIPT AND RETURN See "Instructions for Saming of Program by U.S. Manageant"

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT H SBC NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) PO BIX 1274 Brandon FL 33509 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW OS DISTIGHT COUNT I EXChange Terrace. OZ 9 05 Providence, RT	Number of process to be served with this Form 285 Number of parties to be served in this case	complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES SERVE AT AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DES AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) PO BOX 1274 B(QUOLOY) FL 33509 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 Number of parties to be served in this case	complaint
SERVE AT HSBC ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) POBOL 1274 Branch FL 33509 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 Number of parties to be served in this case	
SERVE AT HSBC ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) POBOL 1274 Branch FL 33509 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 Number of parties to be served in this case	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) POBON 1274 B (ANDRESS BELOW) SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of parties to be served in this case	
PO BOX 1274 Brandon FL 33509 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of parties to be served in this case	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of parties to be served in this case	
	Number of parties to be served in this case	
OS District court l'Exchange Terrace. 02905 Providence, RI	served in this case	
	Check for service on U.S.A.	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	TELEPHONE NUMBER OT WRITE BELOV ized USMS Deputy or Clerk	DATE 3 16 20 V THIS LINE Date
I hereby certify and return that I \sum have personally served, \sum have legal evidence of service, \sum have on the individual, company, corporation, etc., at the address shown above on the on the individual, company	executed as shown in "Remarlany, corporation, etc. shown at	ks", the process described the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named		
Name and title of individual served (if not shown above)	A person of su	nitable age and discretion n defendant's usual place
Address (complete only different than shown above)	Date	Time a
	Signature of U.S. N	
	Amount owed to U.S. Mars	shal* or
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits	(Amount of Refund*)	

PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

Lucien + Donne-Spine Plaintiff(s) V.))))) Civil Action No. CA - 20 - 123)
Defendant(s)))

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

HIST BC PO Box 1274 Brondon, FL 33509.

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 3/26/20.

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was re	This summons for (name ceived by me on (date)	of individual and title, if any)		
	☐ I personally served th	ne summons on the individual	***************************************	
			on (date)	- ; or
	☐ I left the summons at	the individual's residence or	usual place of abode with (name)	,
		, a perso	on of suitable age and discretion who re	sides there,
	on (date)	, and mailed a copy to	the individual's last known address; or	
	☐ I served the summon	S ON (name of individual)	•	, who is
		cept service of process on bel	half of (name of organization)	
		•	on (date)	; or
	☐ I returned the summo	ons unexecuted because		; or
	☐ Other (specify):			
	My fees are \$	for travel and \$	for services, for a total of \$	0.00
	I declare under penalty	of perjury that this informatio	on is true.	
Date:	<u> </u>		Server's signature	
			Printed name and title	
			Server's address	

Additional information regarding attempted service, etc:

Case 1:20-cv-00123-JJM-LDA Document 8 Filed 03/26/20 Page 4 of 9 PageID #: 215 PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						(COURT CASE NUME	BER	
Lno	ien + D	onne_	Som o				CA -20-	123	
DEFENDANT			1				TYPE OF PROCESS		
Ru	shmore						SUMMONS	1 co	nplaint
	- NAME OF INDI	VIDUAL, COM	PANY, COR	PORATION. ET	C. TO SERVE OR D	ESCRIPTIO	ON OF PROPERTY T	d seize c	OR CONDEMN
SERVE	AUSHM ADDRESS (Stree PO BOX	ore							
AT	ADDRESS (Stree	t or RFD, Apart	ment No., Ci	ty, State and ZIP	Code)		-		
•	PO BOX	55004	Tevi	no CA G	7618				ı
SEND NOTICE O	OF SERVICE COP	Y TO REQUES	TER AT NAI	ME AND ADDRI	ESS BELOW	Num	ber of process to be		
		. i Ø					d with this Form 285		
,	us Dist Providence	rict Cov	urat la	txchange	Terrace			-	
	Providence	R, RI	02905				ber of parties to be		
		•							
1						1	k for service		
						on U	.S.A.		
SPECIAL INSTE	RUCTIONS OR OT	HER INFORM	ATION THA	T WILL ASSIST	IN EXPEDITING S	ERVICE (I	nclude Business and	Alternate A	Addresses,
	umbers, and Estim					_			
old									Fold
		*							
Signature of Attor	rney other Originate	or requesting ser	vice on beha	lf of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
	and the same of th				DEFENDANT			3	/16/20
Company of the Compan									
SPACE B	ELOW FOR	R USE OF	U.S. MA	ARSHAL C	DNLY DO N	OT WI	RITE BELOW	THIS	LINE
l acknowledge red		Total Process	District of	District to	Signature of Auth	orized USN	AS Deputy or Clerk		Date
number of proces (Sign only for US			Origin	Serve					
than one USM 28			No	No				***************************************	
I hereby certify a	nd return that I	have personally	served ,	have legal eviden	ce of service, \(\square \) ha	ve executed	as shown in "Remark	s", the pro-	cess described
on the individual	, company, corpora	tion, etc., at the	address show	vn above on the o	n the individual, con	ipany, corpo	oration, etc. shown at t	he address	inserted below.
☐ I hereby cert	ify and return that I	am unable to lo	cate the indi-	vidual, company,	corporation, etc. nam	ned above (S	See remarks below)		
	individual served (A person of sui	table age a	nd discretion
		•					then residing in		
							of abode	T	
Address (complete	e only different tha	n shown above)					Date	Time	☐ an
									☐ pr
							Signature of U.S. M	farshal or I	Deputy
Service Fee	Total Mileage Cl	harges Forward	ding Fee	Total Charges	Advance Deposit	s Amou	II owed to U.S. Mars	hal* or	
Service rec	including endean		8				ount of Refund*)		
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na and an							A MARIA A JAPAN MARIA MA		
REMARKS:									

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00

UNITED STATES DISTRICT COURT

for the

Plaintiff(s) V. C Rushmore Defendant(s)	Eivil Action No. CA -20- 123
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SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Rushmore Po Box 55004

Frunc, CA 926,8

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 3126/20.

Signature of Clerk or Deputy Clerk

CLERK OF COURT

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (name	of individual and title, if any)			
was re	ceived by me on (date)				
	☐ I personally served the	ne summons on the individual	at <i>(place)</i>		
			on <i>(date)</i>	; or	
	☐ I left the summons at	the individual's residence or	usual place of abode with (name)		
		, a perso	n of suitable age and discretion who res	sides there,	
	on (date)	, and mailed a copy to	the individual's last known address; or		
	☐ I served the summon	S ON (name of individual)		, wl	no is
	designated by law to ac	cept service of process on beh	alf of (name of organization)		
			On (date)	; or	
	☐ I returned the summo	ons unexecuted because			; or
	☐ Other (specify):	•			
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty	of perjury that this information	r is true.		
Data		•			
Date:			Server's signature	D. DANIEL POWER	
•			Printed name and title		
		•			
			Server's address		

Additional information regarding attempted service, etc:

Case 1:20-cv-00123-JJM-LDA Document 8 Filed 03/26/20 Page 7 of 9 PageID #: 218 U.S. Department of Justice PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

LAINTIFF .	_	_				COURT CASE NUME		
Lunen +	Dunna	Spino)			CA-20	-123	
EFENDANT					- 1	TYPE OF PROCESS		
CT Corporal	100					SUMMONS / ON OF PROPERTY TO	complain	<u>t</u>
NAME OF INDI	VIDUAL, COMP	PANY, CORP	ORATION. ETC	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO	O SEIZE OR CON	JEMI
SERVE \ CT CO	rporation	<u>^</u>	. C	7. J.1				
AT ADDRESS (Street	ri or KFD, Aparii.	nent No., City	, state and ZIP C	.oae)		_	. 1	
SERVE AT $ \begin{cases} CT & Cd \\ ADDRESS & (Street) \end{cases} $ END NOTICE OF SERVICE COP	CHO WITS	memor	IL PK	wy suite	71	Fredst Poc	rvidence, k	I (
						ber of process to be ed with this Form 285		
US Dista Providence	ict cou	ir+ 1 6	Exchange	Terrace	3011	With this Form 200		
' Providence	, RI 02	905				ber of parties to be		
					serv	ed in this case		
					Che	ck for service		
					on U	.S.A.		
PECIAL INSTRUCTIONS OR O	THED INICODMA	TION THAT		IN EXPEDITING SE	RVICE (Include Rusiness and	Alternate Addresse	r.
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								Fo
ignature of Attorney other Originat	or requesting serv	vice on behalf	`of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
ignature of Attorney other Originat	or requesting serv	vice on behalf	_	PLAINTIFF DEFENDANT	TELEPHO	ONE NUMBER	DATE 3/16/2	20
				DEFENDANT			3/16/2	AND SHAPE
SPACE BELOW FOR	R USE OF	U.S. MA	RSHAL O	DEFENDANT NLY DO NO	OT W	RITE BELOW	3/16/2	AND SHAPE
SPACE BELOW FOI acknowledge receipt for the total umber of process indicated.	R USE OF			DEFENDANT NLY DO NO	OT W		3/16/2 THIS LIN	AND SHAPE
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

District of Rhode Island

Lucien + Donna Spin C Plaintiff(s) v.	?	CA-20-123
CT Corporation)))	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

CT CORPORATION
450 Veterans Memorian PKWy, Soite 74
East Providence, RI ONGOY.
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 3/%(120

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	I the summons on the individual at	on (date)	; or
☐ I left the summons	at the individual's residence or us	ual place of abode with (name)	
	, a person	of suitable age and discretion who res	sides there,
on (date)	, and mailed a copy to the	e individual's last known address; or	
☐ I served the summe	ons on (name of individual)		, wh
designated by law to	accept service of process on behal		
		on (date)	; or
☐ I returned the sum	nons unexecuted because		;
☐ Other (specify):			
My fees are \$	for travel and \$	for services, for a total of \$	0.00
I declare under penalt	y of perjury that this information is	s true.	
I declare under penalt	y of perjury that this information i	s true.	
I declare under penalt	y of perjury that this information i	s true. Server's signature	

Additional information regarding attempted service, etc: